

EXHIBIT 12

(X6) DATE:

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395618	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 12/05/2023
NAME OF PROVIDER OR SUPPLIER: MULBERRY HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 411 1/2 WEST MAHONING STREET PUNXSUTAWNEY, PA 15767		
STATE LICENSE NUMBER: 021802					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
K 0111 SS=D	Continued from page 1 NFPA 101 Building Rehabilitation Building Rehabilitation Repair, Renovation, Modification, or Reconstruction Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following: * Requirements of Chapter 18 and 19 * Requirements of the applicable Sections 43.3, 43.4, 43.5, and 43.6 18.1.1.4.3, 19.1.1.4.3, 43.1.2.1 Change of Use or Change of Occupancy Any building undergoing change of use or change of occupancy classification complies with the requirements of Section 43.7, unless permitted by 18.1.1.4.2 or 19.1.1.4.2 18.1.1.4.2 (4.6.7 and 4.6.11), 19.1.1.4.2 (4.6.7 and 4.6.11), 43.1.2.2 (43.7) Additions Any building undergoing an addition shall comply with the requirements of Section 43.8. If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a 2-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors with at least a 1-1/2-hour fire resistance rating. Additions comply with the requirements of Section 43.8. 18.1.1.4.1 (4.6.7 and 4.6.11), 18.1.1.4.1.1 (8.3), 18.1.1.4.1.2, 18.1.1.4.1.3, 19.1.1.4.1 (4.6.7 and 4.6.11), 19.1.1.4.1.1 (8.3), 19.1.1.4.1.2, 19.1.1.4.1.3, 43.1.2.3(43.8)	K 0111	All Stored boxes in Room 41 will be removed from the room and disposed of in an appropriate manner. Room 41 will be deep cleaned and reset for resident use as needed. The Maintenance Director will assess all resident rooms weekly with walking rounds to assure proper use and tidiness of each resident room.	Completion Date: 02/03/2024 Status: APPROVED Date: 12/22/2023	

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K 0111 SS=D	Continued from page 2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed meet building rehabilitation requirements for one of one facility. Findings include: Observation on December 5, 2023, at 12:35 p.m., revealed the first floor resident room 41 in West Hall was being used for the storage of combustible materials without state approved plans or a granted occupancy from the Division of Life Safety. Interview with the maintenance supervisor on December 5, 2023, at 12:35 p.m., confirmed the facility modified the above resident room.	K 0111			
K 0291 SS=E		K 0291			

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K 0291 SS=E	Continued from page 3 NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by:	K 0291	A listing of each of the designated battery back up lights was reconciled by the Maintenance Director to ensure documentation is consistent going forward for all monthly and additional testing. Maintenance Director will review each months testing to ensure all locations are correctly included in testing documents.	Completion Date: 02/03/2024 Status: APPROVED Date: 12/22/2023	

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K 0291 SS=E	<p>Continued from page 4</p> <p>Based on document review and interview, the facility failed to maintain emergency lighting requirements, affecting one of one facility.</p> <p>Findings include:</p> <p>Document review on December 5, 2023, between 9:50 a.m. and 9:55 a.m., revealed the following fire emergency lighting deficiencies:</p> <p>A. (9:50 a.m.) The facility lacked documentation for the annual 90-minute battery back up lighting test of all battery back-up lights. The last documented inspection (September 2022) only listed six battery back-up lights.</p> <p>B. (9:55 a.m.) Monthly 30-second testing was inconsistent each month. The February 23, 2023, inspection had seven locations listed; the April 6, 2023, inspection had 12 locations listed; and the June 2023, inspection had "all building" listed.</p> <p>Interview with the maintenance supervisor on December 5, 2023, at 9:55 a.m., confirmed the deficiencies at the time of the survey.</p>	K 0291			

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K 0291 SS=E	Continued from page 5	K 0291		
K 0324 SS=F	<p>NFPA 101 Cooking Facilities</p> <p>Cooking Facilities</p> <p>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0324	<p>All dietary staff members will be educated on the Ansul pull station location and procedure for use. The Maintenance Director will review monthly with dietary staff the process for use of the Ansul pull station in case of an emergency. A new vendor has been contacted and will be servicing the facility for inspection and cleaning of the exhaust Hood routinely going forward.</p>	<p>Completion Date: 02/03/2024 Status: APPROVED Date: 12/22/2023</p>

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K 0324 SS=F	<p>Continued from page 6</p> <p>Based on observation, document review and interview, the facility failed to maintain cooking facilities in one of one main kitchen.</p> <p>Findings include:</p> <p>1. Document review on December 5, 2023, at 11:17 a.m., revealed the facility lacked documentation that the kitchen exhaust semi-annual cleaning or inspection was conducted during the second half of the year.</p> <p>Interview with the maintenance supervisor on December 5, 2023, at 11:17 a.m., confirmed the facility lacked the documentation at the time of the survey.</p> <p>2. Interview on December 5, 2023, at 12:10 p.m., revealed three of four kitchen employees interviewed were unable to identify the location of the Ansul pull station.</p> <p>Interview with the previous maintenance supervisor on December 5, 2023, at 12:10 p.m., confirmed the</p>	K 0324			

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K 0324 SS=F	Continued from page 7 kitchen staff needed re-trained on the location of the Ansul pull station.	K 0324			
K 0345 SS=F	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by:	K 0345	Fire alarm inspection services have been scheduled with a new vendor going forward to complete required inspection of all devices as per guidelines. The Maintenance Director will work with the new vendor to complete initial and ongoing inspections.	Completion Date: 02/03/2024 Status: APPROVED Date: 12/22/2023	

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K 0345 SS=F	<p>Continued from page 8</p> <p>Based on document review and interview, the facility failed to maintain fire alarm systems for one of one fire alarm system, affecting the entire facility.</p> <p>Findings include:</p> <p>Document review on December 5, 2023, at 10:50 a.m., revealed the following fire alarm deficiencies with letter A deficiencies were repeated from the previous survey:</p> <p>A. (10:50 a.m.) The facility's most-recent fire alarm inspection, conducted on September 28, 2022, was conducted by a different vendor than the previous inspection, and the 2022 report listed fewer initiating devices than previous reports (42 versus 54).</p> <p>B. (10:50 a.m.) The facility failed to provide an annual fire alarm system inspection report. The last documented functional inspection report occurred on September 28, 2022.</p> <p>Interview with the maintenance supervisor on December 5, 2023, at 10:50 a.m., confirmed the documentation was unavailable at the time of the</p>	K 0345			

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K 0345 SS=F	Continued from page 9 survey.	K 0345			
K 0353 SS=F	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:	K 0353	An alternate vendor has been established to service the fire sprinkler system for the facility. The Maintenance Director will coordinate initial inspection and ongoing maintenance reviews as per guidelines.	Completion Date: 02/03/2024 Status: APPROVED Date: 12/22/2023	

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K 0353 SS=F	Continued from page 10 Based on document review and interview, the facility failed to maintain fire sprinklers for one of one sprinkler system. Findings include: Observation on December 5, 2023, at 11:01 a.m., revealed the facility was unable to provide documentation for the fourth quarter sprinkler inspection (Oct.-Dec.) at the time of the survey. Interview with the maintenance supervisor on December 5, 2023, at 11:01 a.m., confirmed the above fire sprinkler system inspection documentation was unavailable for review.	K 0353			
K 0355 SS=C		K 0355			

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K 0355 SS=C	<p>Continued from page 11</p> <p>NFPA 101 Portable Fire Extinguishers</p> <p>Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to meet portable fire extinguisher requirements for one of over ten extinguishers.</p> <p>Findings include:</p> <p>Observation on December 5, 2023, at 12:22 p.m., revealed the activities closet had two storage tubs blocking the fire extinguisher and electric panel.</p> <p>Interview with the maintenance supervisor on December 5, 2023, at 12:22 p.m., confirmed the storage tubs blocked the fire extinguisher.</p>	K 0355	<p>The storage bins were removed from the Activities Closet at the time of the survey. Staff were educated on placement of items not to be in front of the electric panel or fire extinguishers. The Maintenance Director will monitor during walking rounds to ensure proper placement of items in storage areas.</p>	<p>Completion Date: 02/03/2024 Status: APPROVED Date: 12/22/2023</p>	

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K 0363 SS=B	<p>NFPA 101 Corridor - Doors</p> <p>Corridor - Doors</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material.</p> <p>Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p>	K 0363	A keypad door entry will be placed on the linen closet to allow staff a keyless entry and maintain positive latching of the door. All Staff will be educated on the importance of not bypassing door latches within the facility.	<p>Completion Date: 02/03/2024 Status: APPROVED Date: 12/26/2023</p>	

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K 0363 SS=B	Continued from page 13 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to meet corridor door requirements for one of over ten corridor doors. Findings include: Observation on December 5, 2023, at 12:31 p.m., revealed the linen closet had tape covering the striker plate, preventing the door from positively latching. Interview with the maintenance supervisor on December 5, 2023, at 12:31 p.m., confirmed the linen closet door failed to latch.	K 0363			
K 0372 SS=F		K 0372			

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K 0372 SS=F	Continued from page 14 NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by:	K 0372	Ceiling tiles in the Activity Storage room will be replaced and Maintenance Director will monitor for any tiles in need of repair/replacement going forward. A new vendor is being established to complete fire/smoke damper reporting. This report will be completed by Certasite and monitored by the Maintenance Director for timely completion per guidelines.	Completion Date: 02/03/2024 Status: APPROVED Date: 12/22/2023	

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K 0372 SS=F	<p>Continued from page 15</p> <p>Based on document review, observation, and interview, the facility failed to meet smoke barrier construction requirements for one of one facility.</p> <p>Findings include:</p> <p>1. Document review on December 5, 2023, at 11:11 a.m., revealed the facility lacked documentation for the four-year fire/smoke damper report, last documented November 15, 2019.</p> <p>Interview with the maintenance supervisor on December 5, 2023, at 11:11 a.m., confirmed the facility lacked the above documentation at the time of the survey.</p> <p>2. Observation on December 5, 2023, at 12:11 p.m., revealed the activities storage room had three ceiling tiles missing due to a leak.</p> <p>Interview with the previous maintenance supervisor on December 5, 2023, at 12:11 p.m., confirmed the deficiency.</p>	K 0372			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395618	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 12/05/2023
NAME OF PROVIDER OR SUPPLIER: MULBERRY HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 411 1/2 WEST MAHONING STREET PUNXSUTAWNEY, PA 15767			
STATE LICENSE NUMBER: 021802					
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K 0372 SS=F	Continued from page 16	K 0372			
K 0712 SS=C	<p>NFPA 101 Fire Drills</p> <p>Fire Drills</p> <p>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0712	<p>The Maintenance Director has been educated on proper timing of fire drills to include all shifts each month. Monthly fire drills will be conducted and reviewed with the Nursing Home Administrator to ensure all shifts have a documented fire drill each quarter.</p>	<p>Completion Date: 02/03/2024 Status: APPROVED Date: 12/22/2023</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395618	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 12/05/2023
NAME OF PROVIDER OR SUPPLIER: MULBERRY HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 411 1/2 WEST MAHONING STREET PUNXSUTAWNEY, PA 15767		
STATE LICENSE NUMBER: 021802					
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K 0712 SS=C	Continued from page 17 Based on document review and interview, the facility failed to meet fire drill requirements for one of four quarters. Findings include: Document review on December 5, 2023, at 10:10 a.m., revealed the facility lacked documentation for the fourth quarter, second shift fire drill. Interview with the administrator and maintenance supervisor on December 5, 2023, at 10:10 a.m., confirmed the facility lacked the documentation.	K 0712			
K 0912 SS=E	NFPA 101 Electrical Systems - Receptacles Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed.	K 0912	A Ground Fault Circuit Interrupter Receptacle was placed in the Laundry room as indicated. The Maintenance Director was educated on the need for GFCI outlets in water source areas of the facility. All rooms with water sources will be assessed to ensure proper GFCI receptacles are in place and replace them if indicated.	Completion Date: 02/03/2024 Status: APPROVED Date: 12/26/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395618	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 12/05/2023
NAME OF PROVIDER OR SUPPLIER: MULBERRY HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 411 1/2 WEST MAHONING STREET PUNXSUTAWNEY, PA 15767			
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K 0912 SS=E	Continued from page 18 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain electrical systems in wet locations, affecting one of one floor. Findings include: Observation on December 5, 2023, at 11:55 a.m., revealed the first floor (laundry wash side) had electrical outlets located within six feet of a water source and not protected with a ground fault circuit interrupter (GFCI) receptacle. Interview with the maintenance supervisor on December 5, 2023, at 11:55 a.m., confirmed the receptacle deficiency.	K 0912			
K 0918 SS=F		K 0918			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395618	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 12/05/2023
NAME OF PROVIDER OR SUPPLIER: MULBERRY HEALTHCARE AND REHABILITATION CENTER STATE LICENSE NUMBER: 021802			STREET ADDRESS, CITY, STATE, ZIP CODE: 411 1/2 WEST MAHONING STREET PUNXSUTAWNEY, PA 15767		
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K 0918 SS=F	Continued from page 19 NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10	K 0918	The Maintenance Director has been educated on proper documentation needed for each weekly voltage testing of the generator. The generator vendor has been contacted to update monthly conductance testing. This will be completed and documentation provided ongoing.	Completion Date: 02/03/2024 Status: APPROVED Date: 12/22/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395618	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 12/05/2023
NAME OF PROVIDER OR SUPPLIER: MULBERRY HEALTHCARE AND REHABILITATION CENTER STATE LICENSE NUMBER: 021802			STREET ADDRESS, CITY, STATE, ZIP CODE: 411 1/2 WEST MAHONING STREET PUNXSUTAWNEY, PA 15767		
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K 0918 SS=F	Continued from page 20 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to meet electrical system requirements for one of one generator. Findings include: Document review on December 5, 2023, between 11:01 a.m. and 11:03 a.m., revealed the facility lacked testing documentation for the following: A. (11:01 a.m.) Weekly battery voltage testing; B. (11:03 a.m.) Monthly conductance testing. Interview with the previous maintenance supervisor on December 5, 2023, at 11:03 a.m., confirmed the above documentation was unavailable for review at the time of the survey.	K 0918			



Certified End Page

MULBERRY HEALTHCARE AND REHABILITATION CENTER

STATE LICENSE NUMBER: 021802

SURVEY EXIT DATE: 12/05/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY